

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

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## 1. PLACE OF DEATH

County Hydeco  
Township Nelson  
City Hydeco (No. 1)

Registration District No. 72  
Primary Registration District No. 5037

File No. 1  
Registered No. 1  
St. Hydeco Ward 1

## 2. FULL NAME

(a) Residence, No. 1 St. Hydeco Ward 1  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1854  
7. AGE YEARS 81 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gascon  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Va.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Sarah Leslie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) J. H. Vauvogle Jr. Centralia Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 1/5 193619. UNDERTAKER (ADDRESS) Centralia Mo20. FILED 1/4 1936 J. E. Hickerson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 4 1935, to Jan. 3 1936  
I last saw him alive on Dec. 30 1935. Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None 1936Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury None  
Nature of injury None24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None(Signed) J. E. Hickerson M. D.  
(Address) Centralia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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